State of Michigan		EINANCIAI				Case No.					
State of Michigan FINANCIAL STATEMENT						Case No.					
Court Address:					Court Telephone#:						
					•						
PERSONAL INFORMATION											
Name (last, first, middle)  Date of Birth  Social Sec								urity #			
Address:houseapartmentlot #		City		Zip			Home Phone #				
/tadressnouseapartmentlot //							Work Phon				
							Cellular Ph				
Mailing Address (if different than above)		Driver's license #					State				
Name and Address of Nearest Living Relative				Relationship Phone			Phone Number	er			
Marital Status:	If Div	orced Da	rced Date Final County of				orce				
single married divorced s	ow(er)					-					
Names of Dependents Date of Birth			Student (Yes			College or University					
Employer # 1: (Company name & address)						Lengt	h of Employr	ment			
Employer #2: (Company name & address)				Length			h of Employment				
If self-employed, type of business/trade:  If unemployed, source of support:											
General Assistance						_ SSI A	FDC _	_ Food Stamps			
Have you filed for bankruptcy? Yes No_	If yes, date	filed:					Date comple	eted:			
		ASS	FTS								
Vehicle #1 Year / Make		700						Prese	nt Value		
Vehicle # 2 Year / Make							Present Value				
Bank/Financial Account # Name & Address of Financial Institution							Present Balance				
Bank/Financial Account # Name & Address of Finan				ial Institution					Present Balance		
			Financial Institution					Present Balance			
Investment / Brokerage Account # Name & Address of Finar				cial Institution					Present Balance		
Other Property such as real estate, boats, snowmobiles (describe):								Value			
TOTAL ASSETS:											
MONTHLY INCOME							MONTHLY EXPENSES				
Gross Monthly Income (self)	VI E		M	ortgage or			LXI LING				
Gross Monthly Income (spouse)				tilities	tont						
Unemployment Benefits				ehicle Payn	nante			<del></del>			
Social Security			Insurance (vehicle/health/life)								
Retirement/Pension Benefits			Other Loan Payments								
Child Support											
Alimony/Maintenance			Child Support / Alimony								
Disability				Medical Payments							
Veteran's Benefits				Court Payments							
Interest/Dividends			0	ther:							
Other (cash):											
TOTAL INCOME:											
TOTAL INCOME.											
I certify under penalty of perjury that the foregoin additional income. I will supply supporting docur	g is a complete ar nentation of incom	nd accurate st ne and debts u	atement of upon requ	of my incom est.	ie, assets, ar	nd exper	nses, and tha	it I have	no other		
Signature				Date				_			